



MaineCare
Health Care for Maine People

Member Education Request Form

(Please Print)

Date: _____

Dental Provider's Name:

Dental Provider's Phone Number:

Member's Name:

Member's MaineCare ID Number:

This member needs follow-up assistance regarding:

(Check all that apply, and please be specific in your explanation)

- | | |
|---|---|
| <input type="checkbox"/> Treatment services required by another provider. | <input type="checkbox"/> Following MaineCare Rules |
| <input type="checkbox"/> Obtaining transportation to appointments. | <input type="checkbox"/> Not showing for Appointments |
| <input type="checkbox"/> Bringing MaineCare Card to Appointments | <input type="checkbox"/> Following Practice Rules |
| <input type="checkbox"/> Non-Compliance to treatment plan | <input type="checkbox"/> Other _____ |

Explanation: _____

Please call MaineCare Member Services at the Bureau of Health, 1-800-867-4775 for a supply of these forms.

You may either mail or fax this form. FAX number is (800) 437-5743 in Maine only.

If mailing, please seal with the attached adhesive tape to preserve confidentiality.

Thank you.